



Virginia Department of Motor Vehicles  
P.O. Box 27412 Richmond, Va. 23269-0001  
WEBSITE: [www.dmvnow.com](http://www.dmvnow.com)

## TRANSFER OF CERTIFICATION OF LIEN INFORMATION

SUT 4 (Rev. 11/01)

### VEHICLE INFORMATION:

YEAR	MAKE	TITLE	VEHICLE IDENTIFICATION NUMBER (VIN)
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### TRANSFER FROM:

NAME(S) LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER
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### RETITLED AS:

NAME(S) LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER
ADDRESS(S)			

### CHECK ONE AS APPLICABLE:

☐ NEW TRANSFEREE ☐ ADDITIONAL TRANSFEREE ☐ NAME(S) DELETED ☐ OTHER (PLEASE SPECIFY)

### LIENHOLDER CERTIFICATION:

NAME	ADDRESS	TELEPHONE NUMBER
REPRESENTED BY	TITLE OF POSITION	DATE SIGNED

I, as representative of the lienholder, certify that:

- ☐ lien is to remain in force as originally recorded on original contract
- ☐ \_\_\_\_\_ has assumed unpaid obligation of \_\_\_\_\_ at the time of transfer and was not on original contract
- ☐ \_\_\_\_\_ is recording a new lien for personal reason, not for the purchase of this vehicle

SIGNATURE OF LIENHOLDER:

DATE: